

CLAIMS ONLY.

Application Number

"Filling" Date

10/804.433

Applicān(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4		1				
5		1				
6		1				
7	1					
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49						
50						
Total Indep	2					
Total Depend	4					
Total Claims	6					